EXHIBIT J

ALLEGHENY COUNTY
BUREAU OF CORRECTIONS
Jail Healthcare Services
Practitioner's Orders

Patient Name: Orlando, Tobin DOB: [redacted] ID # [redacted] Housing Unit: 5F Allergies: N/A Noted by: [redacted] Date/Time: 3/29/16	Verbal/Telephone Orders ☐ No ☐ Yes Per: ① D/C all Detox Medications ② Transfer to General Population Provider Signature: [redacted] Date/Time: 3/29/16 10:
Patient Name: DOB: ID # Housing Unit: Allergies: Noted by: Date/Time:	Verbal/Telephone Orders ☐ No ☐ Yes Per: DW Stechschulte Jr MD Lic. MD026045E NPI 1407971450 Provider Signature: Date/Time:
Patient Name: DOB: ID # Housing Unit: Allergies: Noted by: Date/Time:	Verbal/Telephone Orders ☐ No ☐ Yes Per: Provider Signature: Date/Time:
Patient Name: DOB: ID # Housing Unit: Allergies: Noted by: Date/Time:	Verbal/Telephone Orders ☐ No ☐ Yes Per: Provider Signature: Date/Time: